



1755

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	08/877,684
		Filing Date	June 17, 1997
		First Named Inventor	Vaughan et al.
		Group Art Unit	1755
		Examiner Name	James W. Pasterczyk
Total Number of Pages in This Submission	32	Attorney Docket Number	96B035/2

**ENCLOSURES (check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form  | <input type="checkbox"/> Assignment Papers<br>(for an Application)                            | <input type="checkbox"/> After Allowance<br>Communication to Group   |
| <input checked="" type="checkbox"/> Amendment / Response                                   | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to<br>Board of Appeals and<br>Interferences                  |
| <input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to<br>Group<br>(Appeal Notice, Brief, Reply Brief)           |
| <input type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69)<br>and Accompanying Petition       | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Express Abandonment Request                                       | <input type="checkbox"/> To Convert a Provisional<br>Application                              | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Information Disclosure Statement                                  | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address | <input checked="" type="checkbox"/> Additional Enclosure(s)<br>(please identify below):<br><u>Postcard</u> |
| <input type="checkbox"/> Certified Copy of Priority<br>Documents)                          | <input type="checkbox"/> Terminal Disclaimer  |  |
| <input type="checkbox"/> Response to Missing Part/<br>Incomplete Application               | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53            |   |  |

**REMARKS**

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Or Individual name	Charles E. Runyan	Registration No.
Signature		
Date	April 1, 2002	

**CERTIFICATE OF MAILING**

I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as First Class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

April 1, 2002

Typed or printed name	Charles E. Runyan	Date	April 1, 2002
Signature			